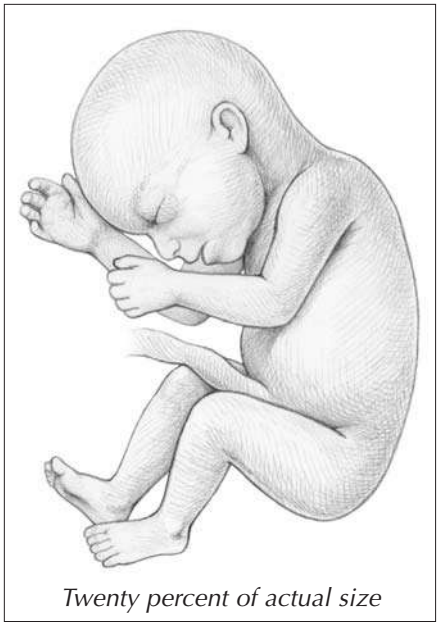
CHAPTER 7

month 7: weeks 25 to 28

Your baby's growth during weeks 25 to 28



Twenty percent of actual size

Week 25

Your baby's hands are now fully developed, complete with miniature fingernails and the ability to curl his or her fingers into a tiny fist. Your baby is probably using these hands this week to discover different body parts. He or she is exploring the environment and structures inside your uterus, including the umbilical cord. The nerve connections to your baby's hands have a long way to go, though. If she or he wants to grasp a big toe, it won't be an easy task.

Week 26

Your baby's eyebrows and eyelashes are now well formed. The hair on his or her head is longer and more plentiful. Your baby still looks red and wrinkled, but more fat is accumulating under the skin with each passing day. As your baby continues to gain weight over the next 14 weeks until birth, this wrinkly suit of skin will become a better fit.

Your baby's footprints and fingerprints also are formed. All the components that make up the eyes have developed, but your baby probably won't open his or her eyes for about two more weeks. By 26 weeks, your baby weighs between $1^1/_2$ and 2 pounds.

Week 27

By your 27th week, your baby looks like a thinner, smaller, redder version of what he or she will look like at birth. Your baby's lungs, liver and immune system aren't yet fully mature. If birth were to occur this week, your baby's chances of survival would be at least 85 percent.

Your baby may be starting to recognize your voice this week, as well as your partner's. But it's probably a little hard to hear clearly, given that his or her ears are covered with vernix, the thick, fatty coating that protects the skin from becoming chapped or scratched. It's also hard for your baby to hear through the amniotic fluid in your uterus — similar to how hard it is to hear under water.

At 27 weeks, your baby is three to four times as long as he or she was at 12 weeks.

Week 28

Your baby's eyes, which have been sealed shut for the last few months to allow the retinas to develop, are probably beginning to open and close this week. If you could sneak a peek at your baby this week, you might be able to determine the color of his or her eyes. But this may not be the final word on the subject. Your baby's eye color may change in the first six months of life, especially if his or her eyes are blue or gray-blue at birth.

Your baby's brain also is continuing to develop and expand rapidly this week. In addition, your baby is continuing to accumulate layers of fat underneath the skin.

Your baby is now sleeping and waking on a regular schedule. But this schedule isn't like that of an adult or even of a newborn. At this size, your baby probably sleeps for only 20 to 30 minutes at a time. You probably notice your baby's movements most readily when you're sitting or lying down.

By the 28th week of your pregnancy, the end of your seventh month, your baby is about 10 inches long, crown to rump, and weighs about 2 pounds.

Your body during weeks 25 to 28

This month your uterus will expand to midway between your navel and breasts. Your baby will become increasingly active, especially in the second half of the month. By the end of your 28th week, you'll have completed 70 percent of your pregnancy. The homestretch is near!

Here's an overview of what's happening and where.

Your heart and circulatory system

This month your blood pressure will probably go up, returning to roughly where it was before you were pregnant. In addition, you may feel a fluttering or pounding sensation around your heart. It may feel as if your heart has skipped a beat. This feeling may worry you, but it usually doesn't signify anything serious. This sensation often lessens in the later months of pregnancy.

Still, if you have this feeling, tell your health care provider about it, especially if you're also having chest pain or shortness of breath. Your health care provider may want to run some tests to further evaluate your condition.

Your respiratory system

Stimulated by the hormone progesterone, your lung capacity is continuing to increase this month. This change in your respiratory system allows your blood to carry oxygen in and carbon dioxide out at an increased rate. As a result, you may be continuing to breathe slightly faster and experiencing some shortness of breath.

Your digestive system

Progesterone is continuing to slow the movement of food through your digestive system this month, and your expanding uterus is continuing to crowd and press on your intestines. As a result, you're likely to continue experiencing heartburn or constipation, or both.

Your breasts

The milk-producing glands inside your breasts are continuing to grow larger this month, in preparation for breast-feeding. You may notice that the tiny, bump-like skin glands encircling your areolas are more prominent now, too. This is another way your body is preparing for breast-feeding. When the time comes, these glands will secrete oils to moisturize and soften the skin around your nipples and areolas. This will help keep your nipples from cracking and chafing from the demands of breast-feeding.

Your uterus

This month your uterus will reach roughly the midway point between your navel and breasts. By the time everything is said and done, it will occupy the area from your pubic area to the bottom of your rib cage.

Your baby will probably be increasingly active this month, particularly in the second half of the month. For many babies, the most active time is between 27 and 32 weeks. With this increased activity, you may have trouble telling the difference between practice contractions, true contractions and your baby's kicks or punches.

If you're concerned, remember a couple of things. False labor contractions (Braxton-Hicks) seem to have no rhyme or reason. They vary in length and strength and occur on an irregular schedule, if you can even call it that. True labor contractions follow a pattern. They get longer, stronger and closer together. Plus, true contractions tend to radiate throughout your abdomen and lower back. False contractions tend to be concentrated in one area, usually the top of your uterus or your lower abdomen and groin.

If you're having contractions that concern you, contact your health care provider. This is especially important if your contractions become painful or if you have more than six in an hour. Regular contractions at this stage of your pregnancy may be a sign of preterm labor.

Your urinary tract

Your urine flow is continuing to be slow this month, due to your expanding uterus and relaxed muscles in the tubes carrying urine from the kidneys to the bladder. As a result, you're at continued risk of developing a urinary tract infection. If you're urinating more frequently and also experiencing burning, pain, fever or a change in the odor or color of your urine, you may have an infection. Contact your health care provider. Urinary tract infections are a common cause of preterm labor.

Your bones, muscles and joints

The ligaments supporting your pelvic bones are continuing to become more elastic this month. Ultimately, this will make it easier for your pelvis to expand during childbirth so that your baby can pass through. Now, however, lack of the usual support from these ligaments increases your risk of back strain.

The joints in the pelvis commonly hurt with this newfound flexibility as well. This pain is in the middle-front of your pelvis or on either side of the midline of your back.

If you haven't had back pain up to this point, you may start to have it this month. Back pain affects half of all pregnant women and typically begins between the fifth and seventh months of pregnancy.

You're probably continuing to curve your lower spine backward to compensate for how your center of gravity has shifted under the weight of your baby. If you didn't do this, you might fall over. This change in posture puts a strain on your back muscles and ligaments, and it may be causing back pain.

Your vagina

You may be continuing to notice increased vaginal discharge this month, a side effect of pregnancy hormones on the cells in your vagina. If it's thin and white with little or no odor, there's no cause for concern. If it's greenish or yellowish, strong smelling or accompanied by redness, itching or irritation

of the vulva, see your health care provider. You may have a vaginal infection, also one of the side effects of pregnancy hormones. But don't be alarmed. Vaginal infections are common in pregnancy and can be treated.

Weight gain

This month you'll probably continue to gain around a pound a week, for a total of about 4 pounds. If you're concerned about your weight gain, remember this: Most of the weight you're gaining is not fat. It's mostly the weight of your baby, your placenta, your amniotic fluid and the fluid accumulating in your own body tissues.

Self-care resources

The changes in your body during the seventh month of pregnancy can produce some unpleasant signs and symptoms. For more information on dealing with common concerns such as constipation and itchiness, see Part 3, "Pregnancy Reference Guide" on page 413.

Your emotions during weeks 25 to 28

Enjoying pregnancy

This month marks the end of the second trimester of pregnancy. Things will undoubtedly be exciting during the last three months until your baby arrives, but they'll also likely be a bit stressful. You'll be busy buying final supplies, finishing your baby's room, attending childbirth classes and making more frequent visits to your health care provider. Plus, the last three months of pregnancy will bring new physical demands on your body.

Make an effort to really enjoy this month of your pregnancy — before the craziness and discomforts of the final months begin. Take some time to think about your pregnancy thus far and write down your thoughts in a journal. Play soft music or talk soothingly and lovingly to your baby. Take photos so that you can show your baby what you looked like when he or she was "under construction." Do whatever works for you to revel in the emotions and sensations of being pregnant. They'll be gone in just a few short months.

Appointments with your health care provider

During this month's visit, your health care provider may again track the growth of your baby by measuring the size of your uterus. Your fundal

height this month — the distance from the top (fundus) of your uterus to your pubic bone — will probably fall between 25 and 28 centimeters — roughly equal to the number of weeks of your pregnancy.

At this month's visit, your health care provider may be able to tell you whether your baby is positioned headfirst or feet- or rump-first in your uterus. Babies in the feet- or rump-first position are in what's known as the breech position. In most cases, these babies need to be delivered by Caesarean birth. Your baby still has lots of time to change position, though, and probably will. So don't be worried if your baby is in the breech position this month.

In addition to checking your baby's size, position and heart rate, your health care provider may again monitor your own health at this month's prenatal visit. He or she can check your weight and blood and ask you about any signs and symptoms you may be experiencing.

You'll also likely have a glucose challenge test to check for gestational diabetes, a temporary form of diabetes that develops in some women who didn't have the condition before they were pregnant. In addition, if you have a rhesus (Rh) factor of Rh negative, you'll probably be tested for Rh antibodies this month. You also may receive your first injection of Rh immunoglobulin (RhIg). A blood test to check for anemia likely will be done as well.

Glucose challenge testing

Glucose challenge testing is usually done between your 26th and 28th weeks of pregnancy, although your health care provider may perform the test earlier if the risk factors warrant it. To complete the test, you'll first drink one full glass of a glucose solution. After about an hour, your health care provider or other health care professional will draw a blood sample from a vein in your arm so that your blood glucose level can be checked. If the results are abnormal, you'll have to come back for a second test called an oral glucose tolerance test.

If you need the second test, you'll be asked to fast overnight. When you arrive at your health care provider's office, you'll then drink another, more concentrated glucose solution. Over the next three hours, your blood will be drawn several times, yielding several different blood glucose measurements. Among women whose first glucose test result was abnormal, studies show that only about 15 percent will be diagnosed with gestational diabetes with this follow-up test.

If you're diagnosed with gestational diabetes, you'll have to work to carefully control your blood glucose for the rest of your pregnancy so that your baby doesn't become too large. You'll also need to have your blood glucose

level checked regularly until you give birth. Your health care provider can recommend a treatment plan that's right for you.

Rh antibodies testing

Rh factor is a type of protein found on the surface of red blood cells in most people. More than 85 percent of people have it; they're said to be Rh positive. Those who don't have it are said to be Rh negative.

When you're not pregnant, your Rh status has no effect on your health, and if you're Rh positive, you have no cause for concern during pregnancy either. But if you're Rh negative and your baby is Rh positive — which can happen if your partner is Rh positive — a problem called Rh incompatibility may result.

If you tested Rh negative early in your pregnancy, you can have a blood test for Rh antibodies this month, probably near the end of the month. If results show that you're not producing Rh antibodies, your health care provider can give you an injection of RhIg into a muscle, just as an insurance policy. The RhIg injection will coat any Rh-positive cells that may be floating around in your bloodstream, preventing them from being recognized as foreign. With no Rh factor to fight, antibodies won't form. Think of it as a pre-emptive strike against the formation of Rh antibodies.

When to call a health care professional during weeks 25 to 28

At this point in your pregnancy, you need to be alert to the possibility of preterm labor. Preterm labor means contractions that begin opening (dilating) your cervix before the end of the 37th week. Babies born early usually have a low birth weight, which is defined as less than 5 1/2 pounds. Their low weight and other problems associated with preterm birth put them at risk of several health problems.

Be vigilant for these signs and symptoms of preterm labor:

- Uterine contractions, possibly painless, that feel like abdominal tightening
- Contractions accompanied by low back pain or a feeling of heaviness in your lower pelvis and upper thighs
- Changes in vaginal discharge, such as light spotting or bleeding, watery fluid leaking from your vagina or thick discharge tinged with blood

If you notice more than five uterine contractions in an hour, even if they're not painful, take these steps: Drink a large glass of water and lie down. If you experience six or more contractions in the next hour, contact your health care provider or your hospital or go in. This is especially important if you have bleeding along with cramps or pain. Any vaginal bleeding at this stage of pregnancy may be a warning of preterm labor and needs to be evaluated.

This month you may be interested in:

- **"Complications: Preterm labor," page 533**
- **"Complications: Gestational diabetes," page 547**
- **"Complications: Rhesus factor incompatibility," page 559**

When to call

Here's a guide to possibly troublesome signs and symptoms and when you should notify your health care provider in the seventh month.

Signs or symptoms	When to tell your health care provider
Vaginal bleeding, spotting or discharge	
Slight spotting	Same day
Any spotting or bleeding lasting longer than a day	Immediately
Moderate to heavy bleeding	Immediately
Any amount of bleeding accompanied by pain, cramping, fever or chills	Immediately
Persistent vaginal discharge that's greenish or yellowish, strong smelling, or accompanied by redness, itching and irritation around the vulva throughout the day	Within 24 hours
Pain	
Uterine contractions, more than six each hour for two or more hours	Immediately
Occasional pulling, twinging or pinching sensation on one or both sides of your abdomen	Next visit
Occasional mild headaches	Next visit
A moderate, bothersome headache that doesn't go away after treatment with acetaminophen (Tylenol, others)	Within 24 hours
A severe or persistent headache, especially with dizziness, faintness, nausea or vomiting, or visual disturbances	Immediately
Moderate or severe abdominal or pelvic pain	Immediately
Leg cramp that awakens you from sleep	Next visit
Leg cramp with swelling and redness	Immediately
Pain with fever or bleeding	Immediately

Signs or symptoms	When to tell your health care provider
Vomiting	
Occasional	Next visit
Once every day	Next visit
More than three times a day or with inability to eat or drink between vomiting episodes	Within 24 hours
With pain or fever	Immediately
Other	
Chills or fever (102 F or higher)	Immediately
Steady or heavy discharge of watery fluid from your vagina	Immediately
Sudden swelling of your face, hands or feet	Same day
Visual disturbances (dimness, blurring)	Immediately
Cravings for nonfood substances, such as clay, dirt and laundry starch	Next visit
Consistently low mood, loss of pleasure in things you normally enjoy	Next visit
Above signs and symptoms along with thoughts of harming yourself or others	Immediately
Fatigue and weakness, shortness of breath, heart palpitations, dizziness or lightheadedness	Next visit if occurring occasionally Same day if occurring often
Fainting	Immediately
More frequent urination with pain or burning on urination, fever, abdominal pain or back pain	Same day